

Important Privacy Notice

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- Social security numbers, taxpayer-identification numbers, and financial **account numbers** must include only the last four digits (e.g., xxx-xx-1234)
- Birth dates must **include the year of birth only** (e.g., xx/xx/2000)
- Names of persons under the age of 18 must be indicated by **initials only** (e.g., A.B.)

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**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

**HOW TO PROCEED WITH AN EMPLOYMENT DISCRIMINATION OR
REHABILITATION ACT LAWSUIT**

INSTRUCTIONS FOR A PERSON WITHOUT AN ATTORNEY

This packet contains forms to permit you to file the following:

- Form 1. Civil Complaint
- Form 2. Description of Lawsuit for Court Assignment
- Form 3. Application to Proceed In Forma Pauperis (for people unable to pay the filing fee)
- Form 4. Request for Appointment of Attorney

GENERAL INSTRUCTIONS

FORM 1 – CIVIL COMPLAINT

You should fill out and file Form 1 – Civil Complaint. When filling out the complaint, you should remember the following:

- 1) You are the plaintiff. The defendant(s) is the employer(s) being sued. If you are filing against a government agency or department, use the title of the head of that agency or department – such as Postmaster General, Secretary of the Navy, Secretary of Welfare of Pennsylvania, etc.
- 2) Your complaint must be legibly printed by hand or typewritten.
- 3) You must personally sign your complaint and declare under penalty of perjury that the facts you allege are correct.
- 4) You must attach to the complaint a copy of your Notice of Right to Sue Letter from the Equal Employment Opportunity Commission. The complaint must be filed within the time specified in your Notice of Right to Sue Letter.

FORM 2 – DESCRIPTION OF LAWSUIT FOR COURT ASSIGNMENT

When you file your complaint, you must also complete and file an original and one copy of Form 2 – Description of Lawsuit for Court Assignment.

(Rev. 5/2017)

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

Caption:

Melody Estella Maria
Williams Huntley

Full name(s) of Plaintiff(s)

COMPLAINT
FOR EMPLOYMENT
DISCRIMINATION

v.

Social Security Administration
American Federation of
Government Employees

Full name(s) of Defendant(s)

CIVIL ACTION
NO. _____

This action is brought for discrimination in employment pursuant to (check only those that apply):

- ☒ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).
NOTE: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.
- ☒ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621-634.
NOTE: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission, and you must have been at least 40 years old at the time you believe that you were discriminated against.
- ☐ Americans with Disability Act of 1990, as codified, 42 U.S.C. §§ 12112-12117.
NOTE: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.
- ☒ Pennsylvania Human Relations Act, as codified, 43 Pa. Cons. Stat. §§ 951-963 (race, color, family status, religious creed, ancestry, handicap or disability, age, sex, national origin, the use of a guide or support animal because of blindness, deafness or physical handicap of the user or because the user is a handler or trainer of support or guide animals).

NOTE: In order to bring suit in federal district court under the Pennsylvania Human Relations Act, you must first file a complaint with the Pennsylvania Human Relations Commission or the Philadelphia Commission on Human Relations, and then you must wait one year prior to filing a lawsuit.

I. Parties in this complaint:

- A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name: Melody Estrella Maria Williams Huntley
Street Address: 155 Highpoint Dr Apt 203 Unit 195
County, City: Romeoville
State & Zip: IL 60446
Telephone Number: (815) 641-2069

- B. List all defendants' names and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the caption on the first page. Attach additional sheets of paper as necessary.

Defendant Name: _____
Street Address: _____
County, City: _____
State & Zip: _____
Telephone Number: _____

- C. The address at which I sought employment or was employed by the defendant(s) is:

Employer: Social Security Administration
Street Address: 2301 West 22nd St, Ste. 201
County, City: Oak Brook
State & Zip: IL 60532
Telephone Number: 846-964-7344

II. Statement of the Claim

- A. The discriminatory conduct of which I complain in this action includes (check only those that apply to your case):

☐ Failure to hire me
☒ Termination of my employment
☒ Failure to promote me

- ☐ Failure to reasonably accommodate my disability
☐ Failure to reasonably accommodate my religion
☒ Failure to stop harassment
☒ Unequal terms and conditions of my employment
☒ Retaliation
☒ Other (specify): Hired Imposters using my Social Security number

NOTE: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court.

B. It is my best recollection that the alleged discriminatory acts occurred or began on or about: (month) 07, (day) 08, (year) 2007.

C. I believe that the defendant(s) (check one):

- ☒ is still committing these acts against me.
☐ is **not** still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check only those that apply and state the basis for discrimination, for example, what is your religion, if religious discrimination is alleged):

- ☒ race Black ☒ color Black
☒ religion Baptist ☒ gender/sex Female
☐ national origin _____
☒ age My date of birth is 12/12/1968 (Give your date of birth only if you are asserting a claim of age discrimination)

E. The facts of my case are as follow (attach additional sheets of paper as necessary):

Resolve and make whole Employment
Discrimination Civil Case, Cease
and desist interference, retaliation,
and Reprisal.

NOTE: *As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, the Pennsylvania Human Relations Commission, or the Philadelphia Commission on Human Relations.*

III. Exhaustion of Administrative Remedies:

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on: 09/21/2020 (Date).

B. The Equal Employment Opportunity Commission (check one):

☒ has not issued a Notice of Right to Sue Letter.
☒ issued a Notice of Right to Sue Letter, which I received on 6/22/2020 (Date).

NOTE: *Attach to this complaint a copy of the Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.*

C. *Only plaintiffs alleging age discrimination must answer this question.*

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct (check one):

☒ 60 days or more have passed.
☐ fewer than 60 days have passed.

D. It is my best recollection that I filed a charge with the Pennsylvania Human Relations Commission or the Philadelphia Commission on Human Relations regarding the defendant's alleged discriminatory conduct on: 02/23/2021 (Date).

E. Since filing my charge of discrimination with the Pennsylvania Human Relations Commission or the Philadelphia Commission on Human Relations regarding the defendant's alleged discriminatory conduct (check one):

☐ One year or more has passed.
☒ Less than one year has passed.

IV. Relief

WHEREFORE, Plaintiff prays that the Court grant such relief as may be appropriate, including injunctive orders, damages, and costs as well as (*check only those that apply*):

- ☐ Direct the defendant to hire the plaintiff.
- ☐ Direct the defendant to re-employ the plaintiff.
- ☒ Direct the defendant to promote the plaintiff.
- ☐ Direct the defendant to reasonably accommodate the plaintiff's disabilities.
- ☐ Direct the defendant to reasonably accommodate the plaintiff's religion.
- ☒ Direct the defendant to (*specify*): Release Retirement Settlement agreement + pension back pay
- ☒ If available, grant the plaintiff appropriate injunctive relief, lost wages, liquidated/double damages, front pay, compensatory damages, punitive damages, prejudgment interest, post-judgment interest, and costs, including reasonable attorney fees and expert witness fees.
- ☐ Other (*specify*): _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 4th day of November, 2021.

Signature of Plaintiff
Address

Melody Ester Marie Williams Hatter
155 Highpoint Dr
Apt 203 Unit 155
Romeoville, IL 60446

Telephone number

(815) 641-2069

Fax number (*if you have one*)

N/A

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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Melody Estella Maria Williams Huntley

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Social Security Administration
AFL-CIO Local 1395
American Federation
of Government Employees

COMPLAINT

Jury Trial: ☐ Yes ☒ No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Street Address

County, City

State & Zip Code

Telephone Number

Melody Estella Maria Williams Huntley
155 Highpoint Dr Apt 203 Unit 155
Romeville
IL 60446
815-641-2069

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Social Security Administration WHRC401
 Street Address 1401 Security Blvd Office of Privacy + Disclosure
 County, City Baltimore, Baltimore
 State & Zip Code MD 21235

Defendant No. 2

Name AFCOE Local 1395 Headquarters
 Street Address 80 F STREET, NW
 County, City District of Columbia, Washington
 State & Zip Code D.C. 20001

Defendant No. 3

Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

Defendant No. 4

Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (check all that apply)
☒ Federal Questions ☐ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? Pro Se Employment Discrimination from
July 8, 2007 to September 9, 2019.

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party? N/A

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? In a bargaining unit at 2301 W 22nd St, Ste 201 Oak Brook, FL Hearings office.

B. What date and approximate time did the events giving rise to your claim(s) occur? During my tenure, while covered by AFGE Council 220 Collective Bargaining agreement.

C. Facts: I won my AFGE Local 1395 grievances and my Office of Special Counsel; Merit Systems Protection Board; The Whistleblower; and Social Security Administration Office of Inspector General favorable Adjudication Monetary Awards, never received. My cases were adjudicated with Tolly Rinckey PLLC 17-3588. I never received. My FLRA OLP's are pending and sabotaged awaiting FLRA Imposse Panel.

Monetary Awards; gifts; promotions; were awarded to imposters.

SSA + AFGE paid informants.

I have never received my awards.

MSPB awarded + kept CH-0762-19-0568-F2

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

N/A

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

- 1) EEOC ADR Pending Hearing 510-2022-00004X
- 2) Award Compensatory & Punitive Damages
- 3) FLRA Impasse 2200; 21051; 21050; CH-CA-21-0375; 21048
- 4) TO DE MADE WHOLE; CH-D152-19-0568-F-2;
- 5) TAIN RINCKE/RUC
- 6) 17-3588; FAVORABLE ADJUDICATIONS;
- 7) THE WHISTLEBLOWERS MONETARY AWARDS;
- 8) AFGE CH-CO-21-0165; FLRA CH-CO-21-0255; CH-CO-21-0280;
- 9) AFGE Settlement Agreements 2009-2019;
- 10) FEINBAUM
- 11) Pain/Suffering From work-related STRESS; FLRA ULP's; CEASE AND DESIST filing EVIDENCE
- 12) All related to Employment Discrimination.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 4th day of NOVEMBER, 2021.

Signature of Plaintiff Melody Estelle Maria Victoria Bentley
Mailing Address 155 Highpoint Dr
Apt 203 Unit 155
Romeoville, IL 60446
Telephone Number (815) 641-2069
Fax Number (if you have one) N/A
E-mail Address Melodyestellamariabentley52@gmail.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: _____
Inmate Number _____

U.S. Department of the Treasury
Bureau of the Fiscal Service
P.O. Box 1686
Birmingham, AL 35201-1686



PLEASE RETAIN FOR YOUR RECORDS

11/01/21

MELLODY E HUNTLEY
APT 203 UNIT 155
155 HIGHPOINT DR
ROMEOLVILLE, IL 60446



What Happened to My Payment?

The U.S. Department of the Treasury, Bureau of the Fiscal Service (Fiscal Service), applied all or part of your payment to delinquent debt that you owe. This action is authorized by federal law. Below is your payment information:

Payment From: Office of Personnel Management
Payee Name: MELLODY E HUNTLEY
Original Payment: \$1013.00

Payment Date: 11/01/21
Payment Type: EFT

Who Do I Owe?

We applied your payment to debt that you owe to the following agency:

INTERNAL REVENUE SERVICE
FEDERAL PAYMENT LEVY PROGRAM
STOP 5050, ANNEX 5
PO BOX 219236
KANSAS CITY, MO 64121-9236
(800) 829-7650

TOP Trace Number: 184797866
Account #: 058744576130200812
Applied To This Debt: \$151.95
Type of Debt: Tax Levy

Please see additional pages for other debts, if any.

What Should I Do?

If you agree that you owe the debt, you do not need to do anything. Your debt balance has been reduced. If you believe that your payment was applied in error, you would like to resolve your debt, or you have questions about your debt or outstanding balance, contact the agency listed under **Who Do I Owe**. Please have this notice available when you contact the agency.

Only the agency listed under **Who Do I Owe** has information about your debt. Before sending a debt to Fiscal Service, an agency must send notice to you at the address in its records. The notice explains the amount and type of debt you owe, the rights available to you, and the agency's intention to collect the debt by applying eligible federal payments made to you.

For questions about your debt, please call the agency listed under **Who Do I Owe**. If you have questions about the Treasury Offset Program, please visit our website at www.fiscal.treasury.gov/TOP or call 1-800-304-3107.

